

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-3869.M2

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 6, 2003

RE: MDR Tracking #: M2-03-1013-02
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an anesthesia and pain management physician reviewer who is board certified in anesthesia. The anesthesia and pain management physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant was injured in ___ of ___ while lifting a heavy object in a repetitive motion type job. The claimant had immediate onset of pain in the right neck, upper back and the shoulder area. She, at that time, stated she did feel a pop. The claimant had plain x-rays which showed a normal cervical spine series and also an unremarkable right shoulder series. The claimant eventually went on to have an MRI of the cervical spine. This showed a normal MRI without evidence of herniation, spinal stenosis and no mention of facet hypertrophy or arthropathy. MRI of the right shoulder showed an impingement syndrome with tendinosis of the supraspinatus tendon, and it is also showed some tenosynovitis of the biceps tendon and subacromial bursitis. The claimant has been treated extensively with passive physical therapy and also an active therapy regimen for approximately thirteen visits that I can find in the records. These have not resulted in significant pain reduction. The claimant was also evaluated by an orthopedic surgeon. I do not have any recommendations for surgery. She also underwent trigger point injections into the right trapezius and thoracic paraspinal muscles on November 18, 2002 by Dr. ___, followed with post injection therapy.

Requested Service(s)

Left cervical facet block with trigger point injections followed one week later by right cervical facet block with trigger point injection.

Decision

I agree with the insurance carrier that the recommended services are neither reasonable nor medically necessary for this claimant's workers compensation injury.

Rationale/Basis for Decision

The claimant had a traumatic injury to her neck, shoulder and upper back in _____. The request is for bilateral procedures. The left sided facets and trigger points would not be indicated for that reason. The claimant has had an MRI of the cervical spine, which was reported as normal with no mention of a facet hypertrophy or arthropathy. Although the MRI sometimes can miss a subtle facet problem, Dr. _____ initial evaluation January 16, 2003 states "neck supple with full range of motion". His exam from January 28th of that same year then shows hyperextension and left lateral bending being reproductive of her pain. This is a change in her physical exam findings and therefore, would not be related to the workers compensation injury in _____, as these physical exam findings developed at a later date. The request for trigger point injections into the right neck and shoulder musculature again is denied because the claimant had a trial of this in November by Dr. _____ with therapy following. There is no documentation that these were beneficial even in the short term.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.